

Lincoln Police Department Thomas K. Casady, Chief of Police 575 South 10th Street Lincoln, Nebraska 68508

402-441-7204 fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

September

Mayor Beutler and City Council City of Lincoln City County Building Lincoln, NE

Mayor Beutler and Members of the City Council:

Pickfair entertainment, d.b.a Big Red Keno Sports Bar and Grill has reorganized as EHPV Operating Group LLC.

Troy Olson will remain the manager of the liquor license. Mr. Olson has been approved by the Council as the manager of this liquor license.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



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	READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.
of or misde or rese and m	nyone who is a party to this application, or their spouse, <u>EVER</u> been convicted plead guilty to any charge. Charge means any charge alleging a felony, meanor, violation of a federal or state law; a violation of a local law, ordinance olution. List the nature of the charge, where the charge occurred and the year north of the conviction or plea. Also list any charges pending at the time of pplication. If more than one party, please list charges by each individual's
V	Yes If yes, please explain below or attach a separate page.
	No
See Att	tachment B
,	
2/	Are you buying the business and/or assets of a licensee? If yes, submit a copy of
.	the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required). Liquor Inventory may be taken at time of application being submitted.
\checkmark	Yes Current business name and license number Big Red Keno Sports Bar & Grill, 33429
	No
3/	Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license. If yes, attach agreement. Please note: This agreement is not effective until Commissions assigns you a 3-digit ID number.
\checkmark	Yes
	No
	Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender. Yes
√	No

	Will any person or entity other than applicant be entitled to a share of the profits of this business? If yes, explain. All involved members must be disclosed on application. Yes
[] [] [] [] [] [] [] [] [] []	Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner. Yes All furniture, equipment and keno equipment will be owned by EHPV Lottery Services LLC, including the following: Santa Barbara Systems MEGA 3000 keno system, including terminals, monitors, printers, Tripp Plastics AKVS Automated Ball Blower System and all related equipment and supplies.
	Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain? (No silent partners) Yes EHPV Lottery Services LLC will operate a live keno game at the premises
	No
(18.	Are the premises to be licensed within 150 ft of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Neb. Rev. Stat. 53-177. Yes
V	No
	Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the person's exact duties. Yes No
Open	List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or make withdrawals on accounts at the institutions. US Bank: Mark Munger, Jim Goldie, Kevin Vail, Dan Pankow, Josh Brandl, Jessica Olcott, Kristin Smith, Chuck Henderson, Dave Sinnott, Todd Ryan, Al Zimmerer, Kathleen Ladd, Kathy Misek, Alma Cuevas, Troy Olson, Jeff Mason, Caril Daniel, Sandy Hall, Julie Meyer, Gina Angelo, Joe Luedtke, Brandi Briggs, Mark Gude, Pat Neve, Matt Lundeen, Kelley Bentley, Ellen Hartmann, Michael Saxton
N	List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held. See Attachment C
STATE SECURIS	

	24	

List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.

Troy Olson 50-60 hours per week



List the training or experience (when and where) of the person listed in #12 above in connection with selling and/or serving alcohol products.

Current Manager of Location Responsible Hospitality Training State Patrol Training

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v	

If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

\checkmark	Ι
	Т

Lease: expiration date August 31, 2012

__ Deed

Purchase Agreement



When do you intend to open for business? Business is already open under Pickfair Ent.



What will be the main nature of business? What are the anticipated hours of operation?

Live keno game and bar 9:00 am to 1:00 am 7 days a week



List the principal residence(s) for the past 10 years for all persons required to sign application, including spouses. If necessary attach a separate sheet.

Applicant Name	From: Year	To: Year	City/State
Gregory D. Erwin & Anita Pierce Erwin	1998	Present	Aspen, CO
Gregory D. Erwin	1997	1998	Omaha, NE
Daniel G. Pankow & Kelly Pankow	1997	Present	Papillion, NE
Gary Vander Woude & Theresa Vander Woude	1997	Present	Omaha, NE
William F. Harvey & Gretchen K. Harvey	1997	Present	Omaha, NE
		1	

The undersigned applicant(s) hereby consent(s) to a background investigation and release present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance

of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock) and spouses. Full (birth) names only, no initials.

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(sign here)	(sign here)
(sign here)	(sign here)
(sign here)	(sign here)
(sign here)	(sign here)
	*
4	
(sign here)	(sign here)

Subscribed in my presence and Evon letter fore me this

day of

Notary Public Signal Color of the service of th

In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

FORM 35-4010 REV. 4/05 of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock) and spouses. Full (birth) names only, no initials.

(sign here)	(sign here)
(sign/here)	(sign here)
(sign here)	(sign here)
(sign here)	(sign here)
(sign here)	(sign here)

Subscribed in my presence and sworn to before me this

28 day of March, 2007

AGENERAL NOTARY - State of Nebraska
ELIZABETH D. LEADER
My Comm. Exp. Oct. 6, 2009

Notary Public Signature & Seal

In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

FORM 35-4010 REV. 4/05

NEBRASKA LIQUOR CONTROL COMMISSION AFFIDAVIT OF NON PARTICIPATION

EHPV Operating Group LLC

The undersigned individual acknowledges that he/she will have no interest, directly or indirectly, in the operation or profit of the business, as prescribed in Section §53-125(13) of the Liquor Control Act. Such individual shall not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices, represent themselves as owner or in any way participate in the day to day operations in any capacity. The undersigned individual will also be waived of filing fingerprint cards, however, will be required to disclose any violation(s) on all applications and sign all necessary documents.

NEBRASKA LIQUOR CONTROL COMMISSION AFFIDAVIT OF NON PARTICIPATION

EHPV Operating Group LLC

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Signature of Spouse Asking to be Waived Gretchen K. Harvey
SUBSCRIBED in my presence and sworn to before me this
of March, 2007.
GENERAL NOTARY - State of Nebraska ELIZABETH D. LEADER My Comm. Exp. Oct. 6, 2003 My Comm. Exp. Oct. 6, 2003
The applying individual, whose spouse is requesting to be waived, understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.
William F. Harvey
*Signature of applying individual (spouse of individual listed above) Print name of applying individual
SUBSCRIBED in my presence and sworn to before me thisday
of march, 2007.
GENERAL NOTARY - State of Nebraska ELIZABETH D. LEADER My Comm. Exp. Oct. 6, 2003 Signature of Notary Public

*spouse of individual listed above is the individual required to sign bottom portion of affidavit

NEBRASKA LIQUOR CONTROL COMMISSION AFFIDAVIT OF NON PARTICIPATION

EHPV Operating Group LLC

NEBRAUNA LIGH CONTROL CONTROL

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Kelly Pankow
Signature of Spouse Asking to be Waived
SUBSCRIBED in my presence and sworn to before me this 19 day
of march 2007.
ELIZABETH D. LEADER My Comm. Exp. Oct. 6, 2009 My Comm. Exp. Oct. 6, 2009 Signature of Notary Public
The applying individual, whose spouse is requesting to be waived, understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.
Daniel G. Pankow
*Signature of applying individual Print name of applying individual (spouse of individual listed above)
SUBSCRIBED in my presence and sworn to before me this
of <u>March</u> , 2007.
AGENERAL NOTARY - State of Nebraska 6 Light Color D. Leaden
*spouse of individual listed above is the individual required to sign bottom portion of affidavit

NEBRASKA LIQUOR CONTROL COMMISSION AFFIDAVIT OF NON PARTICIPATION

EHPV Operating Group LLC

The undersigned individual acknowledges that he/she will have no interest, directly or indirectly, in the operation or profit of the business, as prescribed in Section §53-125(13) of the Liquor Control Act. Such individual shall not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices, represent themselves as owner or in any way participate in the day to day operations in any capacity. The undersigned individual will also be waived of filing fingerprint cards, however, will be required to disclose any violation(s) on all applications and sign all necessary documents.

Theresa Vander Worde Theresa Vander Woude
Signature of Spouse Asking to be Waived
SUBSCRIBED in my presence and sworn to before me this day
of March, 2007.
GENERAL NOTARY - State of Nebraska ELIZABETH D. LEADER My Comm. Exp. Oct. 6, 2009 Signature of Notary Public
The applying individual, whose spouse is requesting to be waived, understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.
Gary L. Vander Woude *Signature of applying individual *Print name of applying individual
(spouse of individual listed above)
SUBSCRIBED in my presence and sworn to before me this /9 ⁴² day
of March , 2007.
GENERAL NOTARY - State of Nebraska ELIZABETH D. LEADER My Comm. Exp. Oct. 6, 2009 My Comm. Exp. Oct. 6, 2009

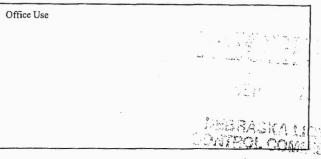
*spouse of individual listed above is the individual required to sign bottom portion of affidavit

FORM 35-4178 REV 9/05

SBAMINA LIQUEN

APPLICATION FOR LIQUOR LICENSE LIMITED LIABILITY COMPANY (LLC) INSERT - FORM 3b

NEBRASKA LIQUOR CONTROL COMMISSION 301 CENTENNIAL MALL SOUTH PO BOX 95046 LINCOLN, NE 68509-5046 PHONE: (402) 471-2571 FAX: (402) 471-2814 Website: www.lcc.ne.gov



All LCC members, including spouses, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must provide a copy of their certified birth certificate or INS papers
- 3) Must submit their fingerprints (2 cards per person)
- 4) Must sign the signature page of the Application for License form (even if spousal affidavit has been submitted)

submitted)		
Attach copy of Articles of Organization (Articles	must show barcode receipt by Secretary	of States office)
Name of Registered Agent: Gary Vander Woud	е	
Name of Limited Liability Company that will hold	d license as listed on the Articles of Org	anization
EHPV Operating Group LLC		
LLC Address: 11248 John Galt Blvd		
	State: NE Zip Code:	68137
LLC Phone Number: 402-339-1200	Fax Number_402-339-7382	
Name of Contact Member (Name and information	of contact member must be listed on fo	llowing page)
Last Name: Harvey	First Name: William	MI: F
Home Address: 17503 V St.	City: Omaha	
State: NE Zip Code: 68135	Home Phone Number: 402-896-	5287
	Confact Member	
State of Nebraska County of	The foregoing instrument was acknowled	dged before me this
Sep 6, 2007	by William F.	Halley
1 1 1	name of person seems	Wildiged
Notary Public signature	Affix Seal Here	
	A GENERAL NOTARY	7 - State of Historiata I A. VAIL

List names of all members and their spouses (even if a spousal affidavit has been submitted) Last Name: Erwin First Name: Gregory MI: D Social Security Number: _____ Date of Birth: _____ Spouse Full Name (indicate N/A if single): Anita M. Erwin Spouse Social Security Number:____ ____ Date of Birth: Last Name: Harvey First Name: William MI: F _____ Date of Birth: (Social Security Number: Spouse Full Name (indicate N/A if single): Gretchen K. Harvey Spouse Social Security Number: _____ Date of Birth: First Name: Daniel MI: G Last Name: Pankow ____ Date of Birth: 0 Social Security Number: Spouse Full Name (indicate N/A if single): Kelly Pankow Spouse Social Security Number: _____ Date of Birth: C Last Name: Vander Woude First Name: Gary MI: L Social Security Number: _____ Date of Birth: Spouse Full Name (indicate N/A if single): Theresa M. Vander Woude Spouse Social Security Number Date of Birth Last Name: First Name: MI: Social Security Number Date of Birth: Spouse Full Name (indicate N/A if single): Spouse Social Security Number: Date of Birth:

MI:

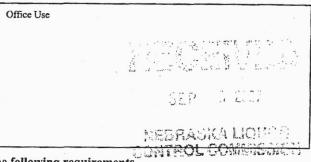
rirst Name:

□YES	✓NO	
If yes, provide the na	ame of corporation/com	npany and supply an organizational chart
	Property of the Control of the Contr	100001 (Accept 10 2000) (1000000000000000000000000000000000
Indicate the company	's tax year with the IR	S (Example January through December)
Indicate the company	and the second s	S (Example January through December)
Starting Date: Janua	Theresees with the	
Starting Date: Janua	Theresees with the	Ending Date: December 31
Starting Date: Janua	ry 1 Corporation?	Ending Date: December 31
Starting Date: Janua Is this a Non Profit C	ry 1 Corporation?	Ending Date: December 31

In compliance with the ADA, this limited liability company insert form 3b is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format

MANAGER APPLICATION INSERT - FORM 3c

NEBRASKA LIQUOR CONTROL COMMISSION 301 CENTENNIAL MALL SOUTH PO BOX 95046 LINCOLN, NE 68509-5046 PHONE: (402) 471-2571 FAX: (402) 471-2814 Website: www.lcc.ne.gov



Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 006)
- 3) Must provide a copy of their certified birth certificate or INS papers
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

Corporation/ELC information			
Name of Corporation/LLC: EHPV Open	rating Group LLC		
Premise information			
Premise License Number: Applied For			
Premise Trade Name/DBA: Big Red Ke	no Sports Bar & Grill		-
Premise Street Address: 955 West "O" S	Street		-
City: Lincoln	State: NE	Zip Code: 68528	_
Premise Phone Number: 402-434-7777			

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.

CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)

	eted below	PLEA	SE P	RINTCLEARLY			
Gender: MALE] FEMAI	Æ					
Last Name: Olson			First	Name: Troy		MI:_[)
Home Address (include PO Box if app	licable): 8	32 Hann	emai	n Dr., Apt. 205	-		
City: Lincoln		S	state:_	NE Zip	Code	68528	
Home Phone Number: 402-432-5901		В	Busine	ess Phone Number: 402-434	4-7777	7	
Social Security Number.		D	rivers	s License Number & State:			
Date Of Birth:		Pl	lace C	Of Birth:			
Are you married? If yes, complete spot	ise s initor	Ondering to the contract of th	AN ARTHUR DESIGNATION OF THE PARTY OF THE PA	if a spousal affidavit has bee	THE REAL PROPERTY.	HER THE PARTY OF T	
✓ YES NO			6 PASSAGE DATE (18 9)				
The state of the s			na a' a' Gadd Sin Cain sacain	TO A MEMORY SECTION AND A SECTION ASSECTATION ASSECTATION ASSECTATION ASSECTATION ASSECTATION ASSECT	ey AS FRANKYIKUM MUSIKA	CONTRACT BESTERNA NAME	
Spouse's information							
Spouses Last Name: Olson				First Name: Jennifer			
2 00 1				***************************************			
MI: L		_					
Social Security Number:			rivers	s License Number & State:_			
			rivers		~		
Social Security Number: Date Of Birth:		P1	rivers	s License Number & State:_ Of Birth:_		# D.J. V. V.S.	
Social Security Number: Date Of Birth:	SE MUS	Pl PESTER	orivers	s License Number & State:_	- 11105		
Social Security Number: Date Of Birth: APPLICANT AND SPOR	SE MUS	Pl PESTER	orivers	s License Number & State:_ Of Birth:_ DENCE(S) FOR THE PAS	- 11105		AR TO
Social Security Number: Date Of Birth: APPLICANT AND SPOE APPLICANT CITY & STATE Lincoln NE	SE MUS YE FROM 2005	PI FLIST FAR TO Present	ace O	S License Number & State:_ Of Birth:_ DENCE(S) FOR THE PAS SPOUS CITY & STATE	- 11105	YE FROM	TO Present
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Social Security Number: Date Of Birth: APPLICANT AND SPOE APPLICANT CITY & STATE Lincoln NE Fremont NE Niobrara NE	SE MUS YE FROM 2005 1998 1997	PICIST F AR TO Present 2005 1998	Linc Frer	S License Number & State:_ Of Birth:_ DENCE(S)-FOR-THE PAS SPOUS CITY & STATE COIN NE mont NE	- 11105	YE FROM 2005 2002	Present 2005
Social Security Number: Date Of Birth: APPLICANT AND SPOE APPLICANT CITY & STATE Lincoln NE Fremont NE Niobrara NE	SE MUS YE FROM 2005 1998 1997	PICLIST F AR TO Present 2005 1998	Linc Frer	S License Number & State:_ Of Birth:_ DENCE(S) FOR THE PAS SPOUSI CITY & STATE COIN NE mont NE st Point NE	T10)	YE FROM 2005 2002	Present 2005 2002
Social Security Number: Date Of Birth: APPLICANT AND SPOE APPLICANT CITY & STATE Lincoln NE Fremont NE Niobrara NE MAY YEAR NAME O	SE MUS FROM 2005 1998 1997	PICLIST F AR TO Present 2005 1998	Linc Frer	S License Number & State:_ Of Birth:_ DENCE(S) FOR THE PAS SPOUSI CITY & STATE COIN NE mont NE St Point NE	TELE	YE FROM 2005 2002 1997	Present 2005 2002 UMBER

CITY & STATE

YEAR

is followed	
1.	READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.
	Has <u>anyone</u> who is a party to this application, or their spouse, <u>EVER</u> been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. <u>If more than one party, please list charges by each individual's name.</u>
	☐YES ☐NO If yes, please explain below or attach a separate page.
2.	Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? IF YES, list the name of the premise.
	✓YES
3.	Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)
	✓YES NO
4.	Have you filed the required fingerprint cards and PROPER FEES with this application? (The check or money order must be made out to the Nebraska State Patrol for \$38.00 per person)
	☑YES □NO

Manager and spouse must review and answer the questions below PLEASE PRINT CLEARLY

A (O) HERRO DE RANGERI (O MERCERA (O) DE LERRE EN EXCENTAR (O) PER LA CONTRA (O) PER

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has NO interest directly or indirectly, a spousal affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

Signature of Manager Applicant	Jenufu Olson Signature of Spouse
State of Nebraska	
County of Lancas	County of Lancostes
The foregoing instrument was acknowledged before me this 9/6/2007 by	The foregoing instrument was acknowledged before me this $9/6/2007$ by
TROY OLSON	JENNIFEL OLSON
alma Ceoron	alma Cuero
Notary Public signature	Notary Public signature
Affix Seal Here State of Nebraska General Notary	Affix Scal Here State of Nebraska General Notary

In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

Alma Cuevas

Comm Exp: May 11, 2010

Revised 5/2007

State of Nebraska General Notary

Alma Cuevas

Comm Exp: May 11, 2010

NEBRASKA LIQUOR CONTROL COMMISSION AFFIDAVIT OF NON PARTICIPATION

EHPV Operating Group LLC

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Tennifer Olson	
Signature of Spouse Asking to be Waived	
SUBSCRIBED in my presence and sworn to before me this day	
of September, 2007. State of Nebraska General N Alma Cuevas Comm Exp: May 11, 201	
Signature of Notary Public	
he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license. Signature of applying individual (spouse of individual listed above) Print name of applying individual	
SUBSCRIBED in my presence and sworn to before me this day	
of Saptombon, 2007. State of Nebraska General Alma Cuevas Comm Exp: May 11 Signature of Notary Public	3

*spouse of individual listed above is the individual required to sign bottom portion of affidavit

#1

ATTACHMENT B

To Liquor License Applications of EHPV OPERATING GROUP LLC Response to Question 1

Except as disclosed below, no one who is a party to this application, or their spouse, has ever been convicted of or plead guilty to any charge.

In 1990 Gregory D. Erwin was ticketed for failing to maintain reflectors on all four sides of a swim raft and use of over-size catwalks on a dock at his lake home in Okoboji, IA. He paid a \$35 fine.

During 1960, Mr. Erwin and approximately 20 other college students were charged with disturbing the peace at Council Bluffs, Iowa. Prior to the trial, bond was ordered reduced from \$20.00 to \$10.00 as to all defendants, and was ordered forfeited. The incident was also ordered expunged from the record.

For information regarding managers, see individual manager applications.